

Please type a plus sign (+) inside this box +

0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration
Submitted
with Initial Filing

OR
 Declaration
Submitted after
Initial Filing

Attorney Docket Number	660005.94581
First Named Inventor	Sydney R. Rader
COMPLETE IF KNOWN	
Application Number	08/892,898
Filing Date	July 14, 1997
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD OF PREPARING A FULLY KETTLE HOP FLAVORED
BEVERAGE AND COMPOSITIONS FOR USE THEREIN**

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) July 14, 1997 as United States Application Number or PCT InternationalApplication Number 08/892,898 and was amended on (MM/DD/YYYY) n/a (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
n/a		

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box.

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>
08/218,559 08/469,381		03/28/1994 06/06/1995	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name	<input type="checkbox"/> Customer or label Number
OR	
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below	

Name	Registration Number	Name	Registration Number
Thad F. Kryshak	19,428	Gregory A. Nelson	30,577
Neil E. Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Joseph W. Bain	34,290
J. Rodman Steele	25,931	Robert J. Sacco	35,667
Nicholas J. Seay	27,386	Jean C. Baker	35,433
George E. Haas	27,642	David G. Ryser	36,407
Michael J. McGovern	28,326	Bennett J. Berson	37,094
Carl R. Schwartz	29,437	Michael A. Jaskolski	37,551

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to <input type="checkbox"/>	Customer Number or label	<input type="checkbox"/> OR <input checked="" type="checkbox"/> Fill in correspondence address below			
Name	David G. Ryser				
Address	Quarles & Brady				
Address	411 East Wisconsin Avenue, Suite 2550				
City	Milwaukee	State	Wisconsin	Zip	53202-4497
Country	U.S.A.	Telephone	(414) 277-5717	Fax	(414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor						
Given Name	Sydney	Middle Initial	R.	Family Name	Rader	Suffix Jr.		
Inventor's Signature						Date		
Residence: City	Fredonia	State	WI	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	W3640 Belgium-Kohler Road							
Post Office Address								
City	Fredonia	State	WI	Zip	53021	Country	U.S.A.	Applicant Authority
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Matthew	Middle Initial	L.	Family Name	Tripp	Suffix e.g. Jr.	
------------	---------	----------------	----	-------------	-------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Mattawan	State	MI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	----------	-------	----	---------	--------	-------------	--------

Post Office Address	7529 South 5th Street						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mattawan	State	MI	Zip	49071	Country	U.S.A.	Applicant Authority
------	----------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Patrick	Middle Initial	L.	Family Name	Ting	Suffix e.g. Jr.	
------------	---------	----------------	----	-------------	------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	230 Bunker Hill Drive						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Vinod	Middle Initial	K.	Family Name	Chaudhary	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	-----------	-----------------	--

Inventor's Signature	<i>V Chaudhary</i>					Date	3/3/98
----------------------	--------------------	--	--	--	--	------	--------

Residence: City	Mequon	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	--------	-------	----	---------	--------	-------------	--------

Post Office Address	3457 West Colette Court						
---------------------	-------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mequon	State	WI	Zip	53092	Country	U.S.A.	Applicant Authority
------	--------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Henry	Middle Initial	n.m.i.	Family Name	Goldstein	Suffix e.g. Jr.	
------------	-------	----------------	--------	-------------	-----------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	15645 Heather Hill Drive						
---------------------	--------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor

Given Name	Robert	Middle Initial	J.	Family Name	Mizerak	Suffix e.g. Jr.	
------------	--------	----------------	----	-------------	---------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Oconomowoc	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	4311 West Beach Road						
---------------------	----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Oconomowoc	State	WI	Zip	53066	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor

Given Name	Subba	Middle Initial	C.	Family Name	Rao	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	-----	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	4445 Three Meadows Drive						
---------------------	--------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial	S.	Family Name	Ryder	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	-------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Mequon	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	--------	-------	----	---------	--------	-------------	--------

Post Office Address	10727 North Gazebo Hills Parkway						
---------------------	----------------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mequon	State	WI	Zip	53092	Country	U.S.A.	Applicant Authority
------	--------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor

Given Name	Hetvin	Middle Initial	A.	Family Name	Wilkinson (deceased)	Suffix e.g. Jr.	
------------	--------	----------------	----	-------------	----------------------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	late of Wauwatosa	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	-------------------	-------	----	---------	--------	-------------	--------

Post Office Address	late of 2758 North 118th Street						
---------------------	---------------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Wauwatosa	State	WI	Zip	53222	Country	U.S.A.	Applicant Authority
------	-----------	-------	----	-----	-------	---------	--------	---------------------

	Additional inventors are being named on supplemental sheet(s) attached hereto						
--	---	--	--	--	--	--	--

Please type a plus sign (+) inside this box 0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration
Submitted
with Initial Filing

OR

Declaration
Submitted after
Initial Filing

Attorney Docket Number **660005.94581**First Named Inventor **Sydney R. Rader***COMPLETE IF KNOWN*Application Number **08/892,898**Filing Date **July 14, 1997**

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD OF PREPARING A FULLY KETTLE HOP FLAVORED
BEVERAGE AND COMPOSITIONS FOR USE THEREIN**

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) **July 14, 1997** as United States Application Number or PCT International

Application Number

08/892,898

and was amended on (MM/DD/YYYY)

n/a

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
n/a		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/218,559 08/469,381		03/28/1994 06/06/1995	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name	<input type="checkbox"/> Customer or label Number		
OR			
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			
Name	Registration Number	Name	Registration Number
Thad F. Kryshak	19,428	Gregory A. Nelson	30,577
Neil E. Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Joseph W. Bain	34,290
J. Rodman Steele	25,931	Robert J. Sacco	35,667
Nicholas J. Seay	27,386	Jean C. Baker	35,433
George E. Haas	27,642	David G. Ryser	36,407
Michael J. McGovern	28,326	Bennett J. Berson	37,094
Carl R. Schwartz	29,437	Michael A. Jaskolski	37,551

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to Customer or label Number OR Fill in correspondence address below

Name	David G. Ryser				
Address	Quarles & Brady				
Address	411 East Wisconsin Avenue, Suite 2550				
City	Milwaukee	State	Wisconsin	Zip	53202-4497
Country	U.S.A.	Telephone	(414) 277-5717	Fax	(414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor						
Given Name	Sydney	Middle Initial	R.	Family Name	Rader		Suffix e.g. Jr.	
Inventor's Signature						Date		
Residence: City	Freudonia	State	WI	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	W3640 Belgium-Kohler Road							
Post Office Address								
City	Freudonia	State	WI	Zip	53021	Country	U.S.A.	Applicant Authority
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given Name	Matthew		Middle Initial	L.	Family Name	Tripp			Suffix e.g. Jr.	
Inventor's Signature	<i>Matthew J. Tripp</i>								Date	3/13/98
Residence: City	Mattawan		State	MI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	7529 South 5th Street									
Post Office Address										
City	Mattawan		State	MI	Zip	49071	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given Name	Patrick		Middle Initial	L.	Family Name	Ting			Suffix e.g. Jr.	
Inventor's Signature									Date	
Residence: City	Brookfield		State	WI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	230 Bunker Hill Drive									
Post Office Address										
City	Brookfield		State	WI	Zip	53005	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given Name	Vinod		Middle Initial	K.	Family Name	Chaudhary			Suffix e.g. Jr.	
Inventor's Signature									Date	
Residence: City	Mequon		State	WI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	3457 West Colette Court									
Post Office Address										
City	Mequon		State	WI	Zip	53092	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor					
Given Name	Henry		Middle Initial	n.m.i.	Family Name	Goldstein			Suffix e.g. Jr.	
Inventor's Signature									Date	
Residence: City	Brookfield		State	WI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	15645 Heather Hill Drive									
Post Office Address										
City	Brookfield		State	WI	Zip	53005	Country	U.S.A.		Applicant Authority
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto									

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Robert	Middle Initial	J.	Family Name	Mizerak	Suffix e.g. Jr.	
------------	--------	----------------	----	-------------	---------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Oconomowoc	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	4311 West Beach Road						
---------------------	----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Oconomowoc	State	WI	Zip	53066	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Subba	Middle Initial	C.	Family Name	Rao	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	-----	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	4445 Three Meadows Drive						
---------------------	--------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial	S.	Family Name	Ryder	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	-------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Mequon	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	--------	-------	----	---------	--------	-------------	--------

Post Office Address	10727 North Gazebo Hills Parkway						
---------------------	----------------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mequon	State	WI	Zip	53092	Country	U.S.A.	Applicant Authority
------	--------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Hetvin	Middle Initial	A.	Family Name	Wilkinson (deceased)	Suffix e.g. Jr.	
------------	--------	----------------	----	-------------	----------------------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	late of Wauwatosa	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	-------------------	-------	----	---------	--------	-------------	--------

Post Office Address	late of 2758 North 118th Street						
---------------------	---------------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Wauwatosa	State	WI	Zip	53222	Country	U.S.A.	Applicant Authority
------	-----------	-------	----	-----	-------	---------	--------	---------------------

Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box 0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration
Submitted
with Initial Filing

OR Declaration
Submitted after
Initial Filing

Attorney Docket Number	660005.94581
First Named Inventor	Sydney R. Rader
COMPLETE IF KNOWN	
Application Number	08/892,898
Filing Date	July 14, 1997
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD OF PREPARING A FULLY KETTLE HOP FLAVORED BEVERAGE AND COMPOSITIONS FOR USE THEREIN

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
n/a		

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/218,559 08/469,381		03/28/1994 06/06/1995	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name _____ Customer or label Number _____
 OR
 List attorney(s) and/or agent(s) name and registration number below

Name	Registration Number	Name	Registration Number
Thad F. Kryshak	19,428	Gregory A. Nelson	30,577
Neil E. Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Joseph W. Bain	34,290
J. Rodman Steele	25,931	Robert J. Sacco	35,667
Nicholas J. Seay	27,386	Jean C. Baker	35,433
George E. Haas	27,642	David G. Ryser	36,407
Michael J. McGovern	28,326	Bennett J. Berson	37,094
Carl R. Schwartz	29,437	Michael A. Jaskolski	37,551

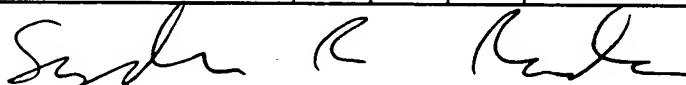
Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to Customer or label Number _____ Fill in correspondence address below

Name: David G. Ryser
 Address: Quarles & Brady
 Address: 411 East Wisconsin Avenue, Suite 2550
 City: Milwaukee State: Wisconsin Zip: 53202-4497
 Country: U.S.A. Telephone: (414) 277-5717 Fax: (414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor: _____ A petition has been filed for this unsigned inventor
 Given Name: Sydney Middle Initial: R. Family Name: Rader Suffix: Jr.

Inventor's Signature:  Date: 3/3/98

Residence: City: Fredonia State: WI Country: U.S.A. Citizenship: U.S.A.

Post Office Address: W3640 Belgium-Kohler Road

Post Office Address: _____

City: Fredonia State: WI Zip: 53021 Country: U.S.A. Applicant Authority: _____

Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Matthew	Middle Initial	L.	Family Name	Tripp	Suffix e.g. Jr.	
------------	---------	----------------	----	-------------	-------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Mattawan	State	MI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	----------	-------	----	---------	--------	-------------	--------

Post Office Address	7529 South 5th Street						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mattawan	State	MI	Zip	49071	Country	U.S.A.	Applicant Authority
------	----------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Patrick	Middle Initial	L.	Family Name	Ting	Suffix e.g. Jr.	
------------	---------	----------------	----	-------------	------	-----------------	--

Inventor's Signature						Date	3/3/98
----------------------	--	--	--	--	--	------	--------

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	230 Bunker Hill Drive						
---------------------	-----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Vinod	Middle Initial	K.	Family Name	Chaudhary	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	-----------	-----------------	--

Inventor's Signature						Date	
----------------------	--	--	--	--	--	------	--

Residence: City	Mequon	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	--------	-------	----	---------	--------	-------------	--------

Post Office Address	3457 West Colette Court						
---------------------	-------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mequon	State	WI	Zip	53092	Country	U.S.A.	Applicant Authority
------	--------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Henry	Middle Initial	n.m.i.	Family Name	Goldstein	Suffix e.g. Jr.	
------------	-------	----------------	--------	-------------	-----------	-----------------	--

Inventor's Signature						Date	3/3/98
----------------------	--	--	--	--	--	------	--------

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	15645 Heather Hill Drive						
---------------------	--------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Additional inventors are being named on supplemental sheet(s) attached hereto

Please type a plus sign (+) inside this box

DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor				
Given Name	Robert		Middle Initial	J.	Family Name	Mizerak			Suffix e.g. Jr.	
Inventor's Signature	<i>Robert J. Mizerak</i>						Date	3/3/98		
Residence: City	Oconomowoc		State	WI	Country	U.S.A.		Citizenship	U.S.A.	
Post Office Address	4311 West Beach Road									
Post Office Address										
City	Oconomowoc		State	WI	Zip	53066	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor				
Given Name	Subba		Middle Initial	C.	Family Name	Rao			Suffix e.g. Jr.	
Inventor's Signature	<i>(Signature)</i>						Date	3/3/1998		
Residence: City	Brookfield		State	WI	Country	U.S.A.		Citizenship	U.S.A.	
Post Office Address	4445 Three Meadows Drive									
Post Office Address										
City	Brookfield		State	WI	Zip	53005	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor				
Given Name	David		Middle Initial	S.	Family Name	Ryder			Suffix e.g. Jr.	
Inventor's Signature	<i>(Signature)</i>						Date	3/3/98		
Residence: City	Mequon		State	WI	Country	U.S.A.		Citizenship	U.S.A.	
Post Office Address	10727 North Gazebo Hills Parkway									
Post Office Address										
City	Mequon		State	WI	Zip	53092	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor				
Given Name	Hetvin		Middle Initial	A.	Family Name	Wilkinson (deceased)			Suffix e.g. Jr.	
Inventor's Signature							Date			
Residence: City	late of Wauwatosa		State	WI	Country	U.S.A.		Citizenship	U.S.A.	
Post Office Address	late of 2758 North 118th Street									
Post Office Address										
City	Wauwatosa		State	WI	Zip	53222	Country	U.S.A.		Applicant Authority
Additional inventors are being named on supplemental sheet(s) attached hereto										

Please type a plus sign (+) inside this box 0010/PTO
Rev. 6/95U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR Declaration
 Submitted Submitted after
 with Initial Filing Initial Filing

Attorney Docket Number	660005.94581
First Named Inventor	Sydney R. Rader
COMPLETE IF KNOWN	
Application Number	08/892,898
Filing Date	July 14, 1997
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD OF PREPARING A FULLY KETTLE HOP FLAVORED
BEVERAGE AND COMPOSITIONS FOR USE THEREIN**

the specification of which

(Title of the Invention) is attached hereto

OR

 was filed on (MM/DD/YYYY) **July 14, 1997** as United States Application Number or PCT InternationalApplication Number **08/892,898** and was amended on (MM/DD/YYYY) **n/a** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
n/a			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
n/a		

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

DECLARATION

Page 2

I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/218,559 08/469,381		03/28/1994 06/06/1995	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Firm Name	<input type="text"/>	Customer or label Number	<input type="text"/>
OR			
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below			
Name	Registration Number	Name	Registration Number
Thad F. Kryshak	19,428	Gregory A. Nelson	30,577
Neil E. Hamilton	19,869	Keith M. Baxter	31,233
Thomas W. Ehrmann	20,374	John D. Franzini	31,356
Barry E. Sammons	25,608	Joseph W. Bain	34,290
J. Rodman Steele	25,931	Robert J. Sacco	35,667
Nicholas J. Seay	27,386	Jean C. Baker	35,433
George E. Haas	27,642	David G. Ryser	36,407
Michael J. McGovern	28,326	Bennett J. Berson	37,094
Carl R. Schwartz	29,437	Michael A. Jaskolski	37,551

Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto

Please direct all correspondence to <input type="checkbox"/> Customer Number or label				OR <input checked="" type="checkbox"/> Fill in correspondence address below
Name	David G. Ryser			
Address	Quarles & Brady			
Address	411 East Wisconsin Avenue, Suite 2550			
City	Milwaukee	State	Wisconsin	Zip 53202-4497
Country	U.S.A.	Telephone	(414) 277-5717	Fax (414) 271-3552

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of Sole or First Inventor:		A petition has been filed for this unsigned inventor						
Given Name	Sydney	Middle Initial	R.	Family Name	Rader		Suffix e.g. Jr.	
Inventor's Signature						Date		
Residence: City	Freドonia	State	WI	Country	U.S.A.	Citizenship	U.S.A.	
Post Office Address	W3640 Belgium-Kohler Road							
Post Office Address								
City	Freドonia	State	WI	Zip	53021	Country	U.S.A.	Applicant Authority
<input checked="" type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							

Please type a plus sign (+) inside this box +

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor						
Given Name	Matthew			Middle Initial	L.	Family Name	Tripp			Suffix e.g. Jr.	
Inventor's Signature						Date					
Residence: City	Mattawan			State	MI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	7529 South 5th Street										
Post Office Address											
City	Mattawan			State	MI	Zip	49071	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor						
Given Name	Patrick			Middle Initial	L.	Family Name	Ting			Suffix e.g. Jr.	
Inventor's Signature						Date					
Residence: City	Brookfield			State	WI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	230 Bunker Hill Drive										
Post Office Address											
City	Brookfield			State	WI	Zip	53005	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor						
Given Name	Vinod			Middle Initial	K.	Family Name	Chaudhary			Suffix e.g. Jr.	
Inventor's Signature						Date					
Residence: City	Mequon			State	WI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	3457 West Colette Court										
Post Office Address											
City	Mequon			State	WI	Zip	53092	Country	U.S.A.		Applicant Authority
Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor						
Given Name	Henry			Middle Initial	n.m.i.	Family Name	Goldstein			Suffix e.g. Jr.	
Inventor's Signature						Date					
Residence: City	Brookfield			State	WI	Country	U.S.A.			Citizenship	U.S.A.
Post Office Address	15645 Heather Hill Drive										
Post Office Address											
City	Brookfield			State	WI	Zip	53005	Country	U.S.A.		Applicant Authority
X	Additional inventors are being named on supplemental sheet(s) attached hereto										

Please type a plus sign (+) inside this box

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Robert	Middle Initial	J.	Family Name	Mizerak	Suffix e.g. Jr.	
Inventor's Signature							Date

Residence: City	Oconomowoc	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	4311 West Beach Road						
---------------------	----------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Oconomowoc	State	WI	Zip	53066	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Subba	Middle Initial	C.	Family Name	Rao	Suffix e.g. Jr.	
Inventor's Signature							Date

Residence: City	Brookfield	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	------------	-------	----	---------	--------	-------------	--------

Post Office Address	4445 Three Meadows Drive						
---------------------	--------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Brookfield	State	WI	Zip	53005	Country	U.S.A.	Applicant Authority
------	------------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	David	Middle Initial	S.	Family Name	Ryder	Suffix e.g. Jr.	
Inventor's Signature							Date

Residence: City	Mequon	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	--------	-------	----	---------	--------	-------------	--------

Post Office Address	10727 North Gazebo Hills Parkway						
---------------------	----------------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Mequon	State	WI	Zip	53092	Country	U.S.A.	Applicant Authority
------	--------	-------	----	-----	-------	---------	--------	---------------------

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name	Hetvin	Middle Initial	A.	Family Name	Wilkinson (deceased)	Suffix e.g. Jr.	
Inventor's Signature	By: Regina Wilkinson, acting as his heir <i>Regina Wilkinson</i>						Date

3/20/1998

Residence: City	late of Wauwatosa	State	WI	Country	U.S.A.	Citizenship	U.S.A.
-----------------	-------------------	-------	----	---------	--------	-------------	--------

Post Office Address	late of 2758 North 118th Street						
---------------------	---------------------------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	Wauwatosa	State	WI	Zip	53222	Country	U.S.A.	Applicant Authority
------	-----------	-------	----	-----	-------	---------	--------	---------------------

	Additional inventors are being named on supplemental sheet(s) attached hereto							
--	---	--	--	--	--	--	--	--